MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0040111 STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 260

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

CERTIFIED 1964

1. PLACE OF DEATH
a. COUNTY Henry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton
Length of stay in 1b: 1 day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Clinton General
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Henry
c. CITY OR TOWN Clinton
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 310 E Jefferson
Reside on Farm: Yes ☐ No ☑

DATE AMENDED: 1 0425 2 0425

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | INSTEAD OF | SHOULD READ

3 | 4 1 | 5 2 | 6 | 7 1 | 8 0 | 9 91x | 10 | 11 | 12 1-0 | 13 1-0

3. NAME OF DECEASED (Type or print): First Nellie Middle Last Grant
4. DATE OF DEATH: Month Oct Day 7 Year 1964
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH: Oct 22 1896
9. AGE (last birthday): 68
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Weir, Kansas
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Edward Welsh
13b. MOTHER'S MAIDEN NAME: Ellen Wilkinson
14. NAME OF HUSBAND OR WIFE: Joseph Grant
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Address: Edward Grant Clinton Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Pulmonary Edema & — 12 hours
DUE TO (c) Arrested Heart failure

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Generalized Arthritis

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from May 1956 to 10-7-64 and last saw her him alive on 10-7-64
Death occurred at 730 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W W Bradshaw MD
22b. ADDRESS: Clinton
22c. DATE SIGNED: 10/10/64

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Oct 10-1964
23c. NAME OF CEMETERY OR CREMATORY: Englewood Cemetery
23d. LOCATION (City, town, or county) (State): Clinton Mo

24. FUNERAL DIRECTOR ADDRESS: Sickman-Dunning F-H Clinton Mo
25. DATE RECD. BY LOCAL REG.: Oct 10, 1964
26. REGISTRAR'S SIGNATURE: Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed R. L. Dunning

Licensed Embalmer No. 4710

P. O. Address Clinton Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit Obtained 10-10-64 (MB)